Substance Abuse Assessment, Interventions and Treatment

Complementary and Integrative Approaches to Substance Use Disorders

CHAPTER 4: ENERGY PSYCHOLOGY IN THE TREATMENT OF SUBSTANCE USE DISORDERS

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ENERGY PSYCHOLOGY IN THE TREATMENT OF SUBSTANCE USE DISORDERS

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ABSTRACT

Protocols that use the manual stimulation of acupuncture points (by tapping on them), combined with imaginal exposure and cognitive interventions, are proving to be powerful adjuncts in the treatment of a range of clinical conditions. Known as "energy psychology" because of the use of principles derived from acupuncture, which is concerned with "energy flows" within the body, the method has been shown in extensive clinical trials to have unusual speed, impact, and durability. This chapter explores ways the approach can be applied to increase the effectiveness of substance abuse counselors and addiction treatment programs. It suggests specific objectives that can be achieved using energy psychology protocols during each of the six recognized stages of addiction recovery (precontemplation, contemplation, preparation, action, maintenance, and termination). The mechanisms by which energy psychology protocols facilitate psychological change are also considered. Imaging studies

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> suggest that the demonstrated effectiveness of the approach is related to the way specific acupuncture points, when stimulated, send activating or deactivating signals to brain areas involved in targeted emotional and cognitive processes.

Stimulating electrochemically-sensitive points on the skin by tapping on them while mentally activating scenes involved with difficult emotions or harmful triggers can reportedly change a person's neurological landscape in ways that rapidly reduce anxiety, depression, trauma, cravings, and self-defeating behaviors (Stapleton, 2019). The procedure is easy to learn, and in this chapter I will review existing evidence which suggests that incorporating energy psychology protocols could enhance the effectiveness of existing substance abuse treatment approaches.

Let's unpack that bold claim. The points on the skin that are stimulated correspond with the points used in acupuncture (acupoints). The umbrella term for therapies that combine contemporary psychotherapeutic tools with acupoint stimulation and other energy-based procedures that trace to ancient healing traditions is *energy psychology*. Its most well-known variations are the Emotional Freedom Techniques (EFT) and Thought Field Therapy (TFT), and the method is also simply referred to as "tapping." While energy psychology can be applied as an independent therapeutic modality, most licensed therapists who use it have integrated it into their existing clinical frameworks (Feinstein, 2016).

EFFICACY

As recently as 2002, not a single published, peer-reviewed clinical trial examining the efficacy of psychotherapeutic protocols that included tapping on acupoints could be found in the clinical literature. At the time of this writing, 115 clinical trials have appeared in peer-reviewed journals and are listed in a database maintained by the Association for Comprehensive Energy Psychology (ACEP, 2020). This explosion of serious interest in the method reflects the speed and effectiveness being reported by clinicians who

have adopted it. Of the 115 clinical trials, 112 reported statistically significant improvement in at least one of the targets for change being examined, often with unusual speed. Psychological conditions in the ACEP database that have responded to acupoint tapping include anxiety, depression, phobias, post-traumatic stress disorder (PTSD), anger, stress, concentration difficulties, food cravings, insomnia, and performance blocks. Physical conditions that have shown improvement after acupoint tapping include psoriasis, fibromyalgia, headaches, frozen shoulder, obesity, immune function, and cardiovascular function. The summaries in this section on efficacy and the subsequent section on the speed of the approach draw heavily, sometimes verbatim, from a recent and more extensive literature review (Feinstein, in press).

Anxiety, Depression, and Trauma

Among the risk factors for substance use disorders are anxiety, depression, and unresolved loss or trauma. Substance abuse often begins as a problematic way of self-medicating for these conditions. Separate meta-analyses have focused on anxiety, depression, and post-traumatic distress. In a meta-analysis investigating the use of acupoint tapping protocols in treating anxiety, 14 clinical trials using acupoint tapping protocols included 658 participants (Clond, 2016). The overall effect size in these 14 studies was 1.23. An effect size shows the magnitude of the outcome produced by an intervention. An effect size of .5 is considered a medium effect and .8 or above is considered a large effect, so 1.23 is interpreted as indicating a large effect. In a meta-analysis investigating acupoint tapping in the treatment of depression (Nelms & Castel, 2016), 12 studies, including 398 participants, had an overall effect size of 1.85, again a large effect. A meta-analysis investigating acupoint tapping in the treatment of PTSD (Sebastian & Nelms, 2017) evaluated seven studies which included 247 participants and had an effect size of 2.96, an unusually large effect.

Two comprehensive reviews compared a range of therapies, including acupoint tapping protocols, in treating youth who had been traumatized. The

first was a meta-analysis of psychological treatments for children who suffered the effects of trauma following man-made and natural disasters (Brown et al., 2017). The therapies reviewed included Cognitive Behavioral Therapy (CBT), Narrative Exposure, Eye Movement Desensitization and Reprocessing (EMDR), and other frequently utilized trauma treatments. Only one of the 36 studies used an acupoint tapping approach, TFT. Effect sizes ranged from .09, a weak effect, to 4.19, which is an extremely large effect. The average effect size across the groups was 1.47, a large effect. The strongest effect of the treatments investigated, 4.19, was produced by TFT.

A second meta-analysis (Mavranezouli et al., 2020) lent corroboration. It reviewed 32 studies that investigated 17 different interventions for treating young people suffering from PTSD. Among the interventions were CBT, exposure therapy, EMDR, narrative therapy, play therapy, family therapy, meditation, and EFT. EFT was one of the two most effective therapies in reducing PTSD symptoms at treatment endpoint and the most effective of the 17 interventions in retaining improvement in PTSD symptoms on follow-up.

Durability

A dimension of efficacy is durability. Do the improvements last? Of the 115 clinical trials of acupoint tapping in the ACEP database, 79 did follow-up investigation, with 77 finding that benefits were sustained (Feinstein, in press). "Benefits sustained" was defined as meaning that follow-up testing showed a statistically significant ($p < .05$) improvement between pre-treatment assessments and assessments at the end of the follow-up period on at least one of the major targets for change being tracked. Follow-up periods ranged from one month to two years. The most frequent follow-up periods were 1 month (8 studies), 3 months (9 studies), 6 months (22 studies), and 12 months (10 studies), with a mean of 7.0 months. Since 97 percent of the studies that conducted follow-up found that at least one targeted change was sustained, the evidence strongly supports the conclusion that acupoint tapping protocols lead to benefits that are durable over time.

Food Cravings

The first brain imaging study related to the use of acupoint tapping in the treatment of addictions investigated a program for managing food cravings (Stapleton et al., 2019). Cravings are among the most formidable challenges in substance use disorders. Fifteen overweight adults were randomly assigned to EFT group treatments delivered in four 2-hour sessions or a no-treatment control group. While no single area of the brain governs the primary response to food, fMRI scans while images of high-caloric food were being presented showed activation in the superior temporal gyrus (associated with cognition) and the lateral orbito-frontal cortex (associated with reward). Post-treatment scans while the same images were displayed in random sequences showed substantially less or even no activation in these areas (see Figure 1).

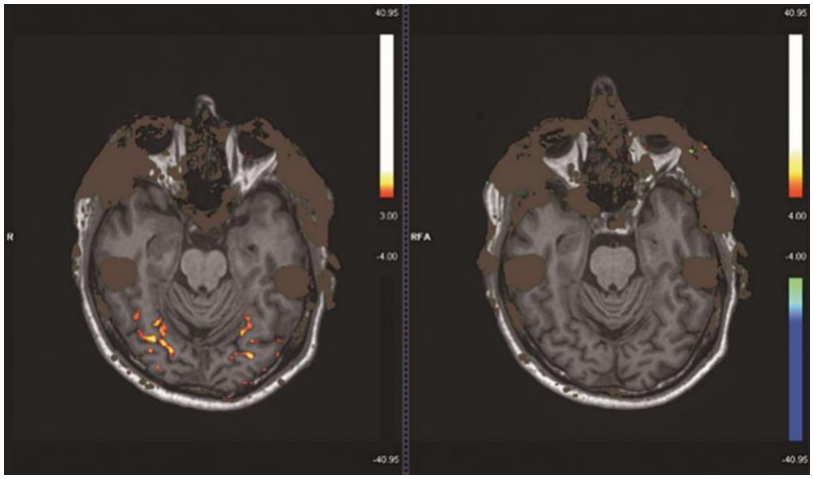

Figure 1. Pre and post fMRI scans for subject in EFT treatment of food cravings. The colored areas activated during the pre-scan were not activated during the post-scan. From Stapleton et al., 2019, used with permission.

The group that did not receive the EFT treatment showed equivalent activity on the initial scan and the second scan. The decreased brain activation in the treatment group corresponded with a diminished desire for the targeted foods. Previous studies also found that EFT treatments

significantly reduced food cravings. In a study of another four-week EFT treatment program, 96 overweight and obese participants with severe food cravings showed significant improvements in Body Mass Index (BMI), degree of food craving, individual's perceived power of food, and restraint capabilities (Stapleton et al., 2012).

Significant reductions in anxiety and depression have also followed EFT treatments for food cravings (Stapleton et al., 2017). In comparison with CBT treatments, EFT and CBT demonstrated comparable efficacy in reducing food cravings, but these improvements were significantly more durable for EFT than CBT on 12-month follow-up (Stapleton et al., 2016). Other studies have also shown that EFT is effective in working with cravings and addictions (e.g., Balha et al., 2020; Church & Brooks, 2013).

Head-to-Head Comparisons with CBT

Comparing outcomes of a new therapy and an established therapy with different individuals drawn from the same client population is a way of establishing the efficacy of a new treatment approach. CBT and its variations are considered the "gold standard" for treating many psychological conditions (David et al., 2018). Ten studies have been conducted which compare CBT with clinical protocols that include acupoint tapping. An analysis of the outcomes found that acupoint tapping protocols performed at least equivalently to CBT in all ten studies, and nine of the ten comparisons showed at least some advantages of acupoint tapping protocols over CBT on measures such as speed, impact, and durability at follow-up (Feinstein, in press).

SPEED

The rapid results that can purportedly be obtained using acupoint tapping protocols is one of the method's greatest claimed strengths, and supportive evidence has been accumulating. *Single* tapping sessions of 30 to

60 minutes have resulted in statistically significant or client-reported clinical gains in the fear of small animals (Baker & Siegel, 2010; Wells et al., 2003), claustrophobia (Lambrou et al., 2003), other specific phobias (Salas et al., 2011), insomnia (Church, 2013), cortisol reduction (Church et al., 2012; Stapleton et al., 2020), the symptoms of frozen shoulder (Church & Nelms, 2016), and even PTSD (Church et al., 2011; Connolly & Sakai, 2011; Connolly et al., 2013; Sakai et al., 2010). Significant relief of PTSD after a single treatment session is rarely claimed in the clinical literature, and the investigators in all four single-session acupoint tapping PTSD studies were limited by practical constraints that necessitated the brief designs. When queried by the current author, each acknowledged that additional sessions would have been preferable, and some expressed surprise at the strength of the benefits that resulted from the single session.

In one of these four studies, 16 abused male adolescents who had been removed from their homes out of safety concerns all scored in the PTSD range on a standardized symptom inventory (Church et al., 2011). They were randomly assigned to receive an EFT treatment session or no treatment. Each of the eight participants in the treatment group no longer met the inventory's PTSD criteria 30 days after the single treatment session. None in the wait-list control group showed significant change. In a larger study, 145 traumatized adult survivors of the Rwanda genocide more than a decade earlier were randomly assigned to a single session of TFT or a wait-list control (Connolly & Sakai, 2011). Pre- and post-treatment scores on two standardized PTSD self-inventories showed improvements that were highly significant on all scales, including anxious arousal, depression, irritability, intrusive experiences, defensive avoidance, and dissociation. The improvements held at a two-year follow-up. Participants in two other studies also showed significant relief of PTSD symptoms after a single tapping session (Connolly et al., 2013; Sakai et al., 2010).

Again, none of the investigators in these four studies was meaning to suggest that a single-session format is adequate for treating PTSD, and certainly not for "complex PTSD" (e.g., Ford, 2015). Nonetheless, the number of sessions that have been required for successfully treating PTSD with acupoint tapping protocols has been relatively low in the investigations

that have been conducted. For instance, a study of the use of EFT with PTSD within a public health facility in Scotland allowed subjects to receive up to eight treatment sessions (Karatzias et al., 2011). Voluntary termination of treatment occurred, however, after an average of 3.8 sessions, with a large overall effect size (1.0) on post-treatment measures.

The first RCT of energy psychology in the treatment of veterans with PTSD had a low dropout rate and found that only 14 percent of 49 treated still had the disorder after six one-hour tapping sessions (Church et al., 2013), a study that has been replicated with similar findings (Geronilla et al., 2016). A 10-minute video illustrating an acupoint tapping approach in the rapid treatment of four combat veterans suffering with PTSD can be viewed at http://www.vetcases.com (retrieved March 27, 2021). By way of contrast, CBT and its variations, which are the standards of care for treating PTSD (American Psychological Association, 2017a), average 12 to 16 treatment sessions (American Psychological Association, 2017b), and approximately two thirds of 891 service members and veterans completing a course of CBT as part of peer-reviewed studies published between 1980 and 2015 still met PTSD diagnostic criteria after treatment (Steenkamp et al., 2015).

The improvements in phobias, insomnia, frozen shoulder discomfort, and PTSD following *a single tapping session* suggest the power of the approach for facilitating rapid change. The meta-analyses described earlier found remediation of the symptoms of anxiety (Clond, 2016), depression (Nelms & Castel, 2016), and PTSD (Sebastian & Nelms, 2017) after relatively brief treatments. The two outcome studies of EFT in the treatment of PTSD with combat veterans (Church et al., 2013; Geronilla et al., 2016) led to benefits on standardized self-report instruments that exceeded those generally found in CBT studies in speed as well as in the percentage of veterans no longer meeting the criteria for PTSD. Three head-to-head studies showing acupoint tapping to bring about at least equivalent outcomes *in fewer sessions* than CBT (Benor et al., 2009; Gaesser & Karan, 2017; Irgins et al., 2017) also provide evidence of unusually rapid results.

THE PROTOCOL

Energy psychology protocols generally involve having the person tap, in sequence, about a dozen acupoints while repeating phrases crafted by the therapist or introduced spontaneously by the client to address feelings, beliefs, or behavioral patterns the person had rated as causing some distress on a 0-to-10 intensity scale. Each tapping sequence can generally be accomplished in one to two minutes, allowing many aspects of an issue, or even multiple issues, to be covered in a typical therapy session. The tapping sequence is sometimes followed by a brief somatic procedure designed to relax the person after fielding the often emotionally intense wordings and images introduced during the tapping. It also helps integrate the experience neurologically, employing activities that are attuned to the ways the left and right brain hemispheres process information. This procedure is generally followed by another tapping sequence, and then another 0-to-10 intensity of distress rating by the client. A key ingredient for the success of the method involves the phrasings suggested by the therapist at each tapping point. Formulating such statements is part of the art of delivery in energy psychology protocols (Feinstein, 2019). A 13-minute video illustrating the approach in the rapid treatment of a height phobia provides a glimpse into the relatively unusual procedure and can be viewed at http://phobiacase.EnergyPsychEd.com (retrieved March 27, 2021). A hypothesis about the neural mechanisms by which acupoint tapping protocols bring about rapid and permanent clinical improvement follows.

MECHANISMS

Hypothesis: Improvements are Durable Because Tapping Protocols Reconstruct the Neural Circuits That Maintain Maladaptive Mental Models

While the research findings and empirically-supported premises leading to this assertion are detailed elsewhere (Feinstein, in press), this is how they were summarized:

1. Tapping on acupoints causes a class of large proteins within skin cells to convert the mechanical stimulation into electrical signals that may be carried to remote areas of the body through the connective tissue. This transmission is nearly instantaneous due to the high concentration within the connective tissue of the semi-conductor collagen.
2. These signals may deactivate arousal in the amygdala and other areas of the limbic system.
3. Alternatively, they may increase activation in areas of the brain involved with executive function, enhancing such capacities as planning or managing stress.
4. The words or images the therapist asks the person to bring to mind during the tapping activate brain areas that govern the issues being addressed.
5. The brain areas that are aroused by the words and images seem to attract the impulses generated by the tapping, resulting in the activating or deactivating signals finding their way to clinically salient neurological structures. This allows the therapist unusual precision in targeting interventions for desired outcomes.
6. When the signals, for instance, reduce panic while the image of a spider is being evoked in a person with a spider phobia, the neurological changes outlast the tapping because of a process involving the dismantling of existing mental models and replacing them with new or revised models.
7. This reconsolidation sequence is initiated when what is experienced is not what was expected—a process neurologists call a *prediction error*—such as when the image of the spider does not produce panic due to the simultaneous tapping. The no-fear experience created during the tapping, after sufficient repetition, becomes the new normal.

Observations from more than a hundred clinical trials and the few imaging studies that have been conducted to date (e.g., Di Rienzo et al., 2019; Stapleton et al., 2019; Whitrfoth et al., 2020) are consistent with this

formulation. For it to be more persuasively verified, however, additional imaging studies are needed that show precisely how the signals generated by stimulating the acupoints used in energy psychology protocols interact with the brain regions involved in specific disorders.

TAPPING THROUGH THE STAGES OF ADDICTION RECOVERY

Treatment for substance use disorders often requires a multimodal approach. A professionally-supervised intervention by family and friends may be an early step. Medication may be used to assist with withdrawal and cravings, to discourage future ingestion of the substance, or to treat co-morbid conditions. A 12 Step or other peer-support program may be part of the treatment regime. Actions may be taken to limit access to individuals or settings that support the addiction or access to the substance itself. Treatment may be done in the context of individual, group, or family therapy, inpatient or outpatient.

Within these contexts, acupoint tapping protocols may be applied to (a) relieve cravings and reprogram maladaptive emotional or behavioral responses to triggers, (b) address unresolved emotional issues that were precursors to the susceptibility for substance abuse, (c) instill skills for better managing pain, stress, anxiety, and cravings, and (d) increase self-esteem and confidence.

Back to the "bold claim" that opened this chapter, that acupoint tapping protocols can "change a person's neurological landscape in ways that rapidly reduce anxiety, depression, trauma, and self-defeating behaviors." The means by which this can occur with substance abuse disorders will be illustrated by following the "transtheoretical" model of the stages of addiction recovery. The first formulation of this model, by Prochaska and Velicer (1997), showed that changes in behavior related to health and mental health proceed through six stages: "precontemplation, contemplation, preparation, action, maintenance, and termination" (p. 38). The most

important implication of this model for psychotherapists is that interventions which are *matched* to the person's stage in the change process will be more effective.

Norcross et al. (2011) performed a meta-analysis investigating the relationships among the stages and psychotherapy outcomes. A research team that included the Norcross group (Krebs et al., 2018) extended this meta-analysis to 76 studies, including 25,917 clients. Not surprisingly, the farther a person is along the stages of change prior to treatment, "the better the treatment outcome" (Krebs et al., 2018, p. 1964). Since an estimated 40 percent of people enter treatment in the "precontemplation stage" and another 40 percent are in the "contemplation stage" (Prochaska & Velicer, 1997), the therapist's ability to work effectively with the early stages of the change process is critical. The *stages of change* model has been applied to substance use disorders by Hartney (2020), Lassiter & Culbreth (2018), Zayed (2020), and others, and we will follow it in exploring how acupoint tapping protocols can be used in each of the stages.

Precontemplation

> With patients in precontemplation, often the role is like that of a nurturing parent, who joins with a resistant and defensive youngster who is both drawn to and repelled by the prospects of becoming more independent.
>
> – Norcross et al. (2011, p. 145).

Individuals in this stage do not consider their substance use to be a problem and are not interested in changing it. And for good "reason." Besides anticipating the overwhelming effects that withdrawal might cause, their *reasoning* is generally skewed toward an overestimation of why continuing to use the substance is a positive, associated with pleasure, and an underestimation of the harm it is doing to their body, their relationships, and their future. One way for a therapist to begin when confronted with unequivocal denial is simply by fostering *engagement*. Advice or efforts at

persuasion only echo what everyone else has most likely been telling the person and will fuel resistance and distrust rather than having the intended effects.

As emphasized earlier, most psychotherapists who learn and utilize acupoint tapping protocols do not abandon their previous training or clinical approaches. In the precontemplation stage, open-ended questions, active listening, and non-judgmentally reflecting back the person's feelings build rapport. These standard psychotherapeutic activities are generally the most productive types of interaction for establishing engagement during this stage, and they plant the seeds for an effective therapeutic alliance.

However, if the person is seeing you relatively involuntarily—such as if court-ordered after a second DUI arrest or succumbing to pressure from a spouse who is threatening to leave the marriage—you can still use the time that has been designated to explore issues that *are* of concern to the individual and show how acupoint tapping can assist with them. Even people who don't have phobias can describe fears they know to be unfounded or situations that trigger anger, jealousy, or other feelings that they suspect are irrational. Rapidly facilitating change in self-defeating responses to external and internal triggers is a strength of acupoint tapping protocols. By aligning with clients and tackling problems that do matter to them, along with demonstrating rapid benefits, you are building confidence in what you potentially have to offer and, in so doing, may hasten progress through the early stages of the therapeutic process.

Contemplation

> With clients in contemplation, the role is akin to a Socratic teacher, who encourages clients to achieve their own insights into their condition.
>
> – Norcross et al. (2011, p. 145).

People who have moved into the contemplation stage begin to "think about changing, cutting down, moderating, or quitting the addictive

behavior" (Hartney, 2020). Still, the rewards and pleasures provided by the substance may continue to fuel at last some denial about the problems the addiction is creating for themselves and for others. While the challenges life is presenting which counter that denial may be becoming more difficult to ignore, the time, energy, and loss that would be involved in overcoming the addiction may also seem daunting. Zayer (2020) observed that "Many people have spent years in the contemplation stage of change in substance addiction," and while they may eventually move forward into the preparation phase, they may also revert back into the precontemplation phase. Norcross et al's suggestion that the therapist assume the role of a "Socratic teacher" is akin to one of the basic principles taught to energy psychology practitioners: *Help the person embrace both sides of an internal conflict with full acceptance of each side and of oneself before exploring ways of resolving the conflict.*

Statements designed to recognize and accept both sides of the dilemma are repeated by the client while stimulating energy points that are believed to more deeply embed the statement's meaning into the person's nervous system, much like a hypnotic suggestion. For example, "Even though I love going out drinking with my buddies [Truth 1], I'm here paying good money for help getting over my alcoholism [Truth 2]." Acceptance of oneself as well as of the problem being tackled is often a theme when formulating these statements, such as "Even though my cocaine use is ruining my life, I am learning to love and accept myself." Embedded in this wording is Carl Rogers' oft-quoted maxim, "The curious paradox is that when I can accept myself just as I am, then can I change" (1961, p. 17). While the therapist might be tempted to "lead the witness" *away* from accepting the addiction, having people recognize and accept each element of their substance use dilemmas supports them in making clear-headed, life-affirming decisions they will ultimately honor.

In energy psychology treatments involving internal conflicts, the person gives the 0-to-10 rating to the amount of subjective distress felt about the conflict before and after each round of tapping and related procedures. Usually within one to three rounds, the subjective distress about the conflict drops substantially. This abatement of the stress around the person's

conflicting intentions opens the way for the "Socratic dialogue" to proceed more productively. Viscerally highlighting the connection between the enjoyment of using the substance and the damaging consequences also puts another insight-driven crack in the person's denial system.

Preparation

> With clients who are in the preparation stage, the stance is more like that of an experienced coach, who has been through many crucial matches and can provide a fine game plan or can review the participant's own plan.
>
> – Norcross et al. (2011, p. 145).

In the preparation stage, the person makes a commitment to change and takes steps that will support the therapy and the intention to deal head-on with the addiction. An important part of preparation involves envisioning and articulating the desired changes and how the changes will be accomplished. What will be the role of therapy? What other resources will be needed? Perhaps a support group or medication to ease withdrawal will be considered. What immediate behaviors, even if in small steps, will be taken toward reaching the goal? This might involve becoming less available to friends who share the addiction or practicing greater restraint even before being able to completely discontinue the substance use. Triggers like ashtrays and lighters for a smoker might be removed, or the emptying of the liquor cabinet of a person with an addiction to alcohol. Deciding what to tell family and friends about the intention to overcome the addiction is another important element in preparation. All of these steps "harden your resolve to overcome your addiction" (Hartney, 2020) and pave the way for the action phase.

A critical issue during the preparation stage involves internal blocks to accomplishing one's intention. These are inescapable. The desire to change a longstanding pattern collides with the forces that have been keeping that pattern in place. Energy psychology protocols are able to address this

directly. The person may, for instance, be asked to rate the intensity on a statement such as "I don't want to give up meth." The tapping is then accompanied by repeating the phrase as each acupoint is stimulated. As the tapping sends calming signals to the areas of the brain activated by the thought, the neurological intensity of the charge diminishes. At that point, more positive wordings can be introduced, such as "I choose to be free of meth." Of course it isn't usually a straight line to the positive affirmation, but the affirmation is much more likely to be assimilated and to increase motivation if some of the charge has first been reduced on the resistance to giving up the drug.

The reason it isn't usually a straight line to the positive affirmation is that other feelings, thoughts, sensations, beliefs, or memories often arise, referred to as "aspects of the problem" in energy psychology sessions. For instance, the person considering giving up meth might experience panic, sadness, positive memories of being high, a loss of the assurance that extra energy is available at will, or terrible aching sensations rooted in a previous time of going into withdrawal. Such aspects then become the focus until each is reduced so its arousal power is rated as zero or near zero. Aspects are often identified between the rounds of tapping, points at which a new distress rating is again given. Fluctuations in these ratings inform the therapist about the next direction to take the wordings. Along with the acupoint tapping, the preparation stage still requires attuned inquiries, active listening, and the other bedrock qualities of effective psychotherapy, but by helping people dismantle inner resistance to the changes they desire, the steps taken during this planning phase become more potent and congruent.

Once the person is coming out of denial and able to hold both sides of inner conflict about giving up the substance, a strategy that may seem paradoxical is to reduce the amount of distress involved in recognizing the downsides of the addiction. It may on the surface seem that it would increase the motivation for overcoming an addiction to emphasize the emotional distress that is evoked by statements such as "The hangover the next day is terrible"; "I fight with my wife when I'm wasted"; "My kids get disgusted with me"; "I could lose my job," etc. However, reducing the *emotional charge* on such concerns doesn't diminish *recognition* of the consequences

of the behavior. Rather, again, it makes it possible to navigate through inner conflicts with less anxiety and greater mental acuity.

Action

> Action is the stage in which individuals modify their behavior, experiences, and/or environment to overcome their problems.
>
> – Norcross et al. (2011, p. 144).

In the action stage of treatment, a spectrum of interventions may be needed. Targeted shifts in behavior are going to be more amenable to change if their underpinnings in the person's responses to triggers that promote the addictive behavior are modified. Unconscious motivations that drive the addictive behavior can be defused by addressing emotional wounds from the person's past since trauma and other adverse childhood experiences are a frequent precursor of addictive behavior. Developing skills in the self-management of stress, pain, anxiety, and cravings opens alternative ways of providing comfort for distresses the addictive behaviors may have helped alleviate. The emotional insecurity that may be temporarily masked by alcohol and drug abuse can be addressed by interventions that boost self-esteem and confidence. Progress in each of these areas may be keys in the recovery process. Here we will briefly explore the four broad categories mentioned earlier as areas in which acupoint tapping protocols can be particularly useful when applied to substance use disorders.

Reprogramming Maladaptive Emotional and Behavioral Responses to Triggers

Triggers associated with the drug of choice—such as the people, places, or paraphernalia connected with the addictive behavior—are obvious external tripwires in the recovery process. Other external triggers that are not *directly* related to the drug of choice but still may rekindle addictive patterns include work pressure, relationship difficulties, social isolation,

transitions in job or home, and holidays or anniversaries. Where external triggers are situations, internal triggers are thoughts and emotions, including anxiety, stress, fear, anger, loneliness, grief, memories, guilt, futility, or a sense of emptiness. While external triggers can sometimes be physically removed, many can't be. But the responses conditioned to these triggers can be unlearned and more adaptive responses can be paired with them. Working with external triggers that cannot be averted, like working with triggering thoughts and emotions, is an inside job. Acupoint tapping protocols use similar desensitization and reconditioning strategies for addressing internal as well as external triggers.

Many of the triggers involved with addictions are learned associations. The conditioned response associating the sight of a cocktail glass to pleasant memories and the craving for a drink are formed in memory centers in the amygdala and hippocampus and will usually be responsive to acupoint tapping protocols. So too for triggers that are not directly related to the abused substance. For instance, *tensions* that erupt in a person's marriage after several months of sobriety might become a trigger. The partners may have needed or adapted to the emotional distance created by the substance abuse, and with that obstacle to intimacy removed, they may be unconsciously finding equivalently effective ways to maintain distance. The new marital strife might then itself become a trigger for relapse.

As described earlier, the first step in confronting such a dilemma within an energy psychology approach is to recognize and accept each element of the situation. Let's say your client is named Bob and his wife's name is Jill. Bob's tapping phrases might focus on the discord, such as, "I hate it when Jill yells at me"; "The tension when I come home from work"; "We argue about everything now"; or "The silent dinners." Consistent with the postulated neurological mechanisms involved with tapping treatments described earlier; the words activate threat areas in the limbic system; the tapping generates deactivating signals that are drawn to the areas of the brain that have been activated; and after numerous rounds of tapping on every aspect of the situation the client and the therapist can imagine, the threat response is diminished. In short, the tapping has dampened the physiological arousal that is set into motion by the phrases accompanying the tapping.

Now Bob can visualize each of these scenes with little or no emotional reaction. They may still feel problematic, but his frontal lobes are not hijacked by his limbic system into fight, flight, or freeze. He is able to engage in problem-solving in ways that were previously unavailable to him.

But something even more important is happening in the neurological depths of Bob's mind. When what was expected is different from what happened, the brain gets the message that the mental model governing that situation doesn't apply anymore. Neurologists call this a "prediction error" (Exton-McGuinness et al., 2015). Prediction errors open the neurons to establishing new associations, new learnings. Tapping on an unpleasant encounter until the stress response is turned off usually results in surprise, such as "I can think about it, but I'm not climbing out of my skin!" That's the prediction error. The old rules didn't apply in the most recent, vivid mental encounter with the situation. The new experience created right there in the treatment room, after some repetition, can become the "new normal." From there, the tapping can focus on the cravings and on establishing alternative responses in the face of the marital conflict.

Addressing Unresolved Emotional Issues That Were Precursors to the Susceptibility for Substance Abuse

Often in a situation such as Bob's newly activated marital difficulties, as you work with triggering events and emotions, you hit roadblocks. Specifically, after the intensity ratings have gone down a bit, they become stuck at a particular level, often in the range of 4 to 8. When this occurs, the protocol is to explore different aspects of the situation. Aspects can range from bodily sensations to emotions to memories. The focus of the tapping temporarily moves to these. Unresolved situations from the person's past are among the aspects that most frequently appear. Training programs describe the process colloquially as "unpeeling the layers of the onion." When you reduce the emotional intensity of a problem, more fundamental dynamics are uncovered. The protocol is to *follow what emerges, crafting the wordings that accompany the tapping to address specific aspects as they appear.* In Bob's case, it may be that he developed an avoidant attachment style as a way of coping with challenges during his childhood. Energy psychology

protocols can be applied. It might start as simply as tapping on "That was a great solution for when I was eight, but I don't live in that family anymore." Whether or not this pattern was directly related to Bob's substance addiction, the road to recovery has brought it front and center. Such psychodynamic exploration often becomes, at one point or another, a central focus of the treatment.

Instilling Skills for Better Managing Pain, Stress, Anxiety, and Cravings

Nearly 450,000 people are estimated to have died from an overdose involving an opioid in the U.S. (often prescribed for pain management) between 1999 and 2018 (Centers for Disease Control and Prevention, 2020). The effectiveness of acupuncture in treating pain is well established (Lee & Ernst, 2011; McDonald & Janz, 2017), and the manual stimulation of acupoints by tapping or holding them has been shown to also be effective in the self-application of pain reduction techniques (Bach et al., 2019; Church & Nelms, 2016; Ortner, 2016). While energy psychology protocols for chronic pain typically address emotional as well as somatic dimensions of the condition, because acupoint tapping is a somatic technique, effective energy psychology tools for rapid relief can be readily taught with the focus being on the pain alone. For instance, a "Brief Energy Correction" technique, which involves holding a series of acupoints while thinking about one's pain, was presented via Zoom to 39 subjects reporting pain levels that averaged 5.53 on a 10-point scale (Bilazarian & Hux, 2020). More than two-thirds of the participants were working with a pain that had been present for over a month. Following a 90-second procedure, the average score was 1.58, a 71 percent reduction ($p < 0.0001$). Substance abuse counselors who offer such tools to people with chronic pain are empowering them during the action stage and also in preventing relapse. Back-home energy psychology protocols have also been successfully used in the self-management of stress (Gaesser, 2020), anxiety (Clond, 2016), and cravings (Stapleton et al., 2019).

A mobile app that guides users in applying acupoint tapping protocols to the psychological symptoms of anxiety and stress was investigated in a large-scale study including 270,461 app users and found highly significant ($p < 0.001$) symptom reduction (Church et al., 2020).

Increasing Self-Esteem and Confidence

Low self-esteem may have a circular relationship in addictions. Many substances can temporarily mask a person's insecurities. Meanwhile, when not under the influence, recognizing the damage the addiction is causing can be an assault on one's self-esteem, leading to a new round of craving. Limiting beliefs are often at the foundation of low self-esteem, such as "I am not worthy unless [fill in the blank]." An overzealous *inner critic* is also an enemy to recovery. These can be addressed directly with statements that begin something like, "I needed to get straight A's to feel worthy," or "Mom sure taught me how to be hard on myself." Again, tapping on these kinds of statements defuses the emotional charge and initiates the neurological mechanisms described earlier. As the person's confidence about overcoming the addiction begins to increase, it can also be reinforced. Success builds on success. Identifying steps the person has taken toward recovery, even tiny steps, can be reinforced with recognition, self-appreciation, and tapping. The tapping on positive states and beliefs further embeds the suggestive power of the statements into the nervous system.

Maintenance

> With clients who are progressing into . . . maintenance, the psychotherapist becomes more of a consultant who is available to provide expert advice and support when action is not progressing smoothly.
>
> – Norcross et al. (2011, p. 145).

If the progress achieved during the action stage is to last, the new behaviors and ways of coping need to be reinforced. This "is most

challenging after a period of time has elapsed and the focus on reaching the goal has lost its intensity. People can become complacent at this point, and they may begin to think that a small lapse will make no real difference" (Hartney, 2020, para. 28). New life challenges and stressors may also cause people to revert to old ways of seeking relief or escape. The new skills for dealing with pain, stress, and cravings can be underlined and practiced during the maintenance stage.

If your client who was diagnosed with an anxiety disorder relapses after a successful course of treatment, you can usually pick up from where you left off. If people who have a substance use disorder have a major relapse, the entire structure of the life they have rebuilt may fall away from under them. So the maintenance phase should not be rushed, regardless of how much optimism may seem warranted after the active phase. At the same time, as the clinician becomes more of a "consultant," the message that the person is increasingly capable of self-reliance is actively delivered by the shift in the therapist's stance.

A strength of energy psychology that particularly shows up during the maintenance phase is in its ability to encapsulate and revisit each component of the treatment. In fact, energy psychology therapists are taught to "challenge their results." This often involves imagining a situation whose intensity makes it likely for the old emotional and behavioral responses to re-emerge. Any distress that is activated is tapped down until a variety of plausible scenarios have been tested. For instance, "You've fallen off your bicycle and your knee is causing agonizing pain. You never got rid of your last bottle of Demoral." Or "You just found evidence that the weekend trip your wife is on involves an illicit affair when you receive a call from an old crack buddy who is in town and wants to share some 'good stuff.'" Having clients deeply feel into the most challenging situations they can imagine and tap to reduce the impulse to abuse, along with related thoughts and feelings, helps prepare them for whatever circumstances may come.

Termination

> As termination approaches in lengthier treatment, the therapist is consulted less and less often as the client experiences greater autonomy and ability to live free from previously disabling problems.
>
> – Norcross et al. (2011, p. 145).

A point comes where people are ready to test their wings without regularly scheduled sessions. To a sufficient degree, self-defeating responses to triggers have been neutralized, childhood wounds are being healed, new strategies for dealing with pain, stress, anxiety, and cravings are in place, self-esteem has been enhanced, and confidence has been strengthened. Decisions have been made about complete abstinence or controlled moderation, the utility of peer-support programs, and other individualized components of life-after-treatment. The problematic substance has not been abused for a long enough period so as to inspire hope that the person has adjusted "to abstinence and is able to [stay in] control even when there are addiction triggers present" (Zayed, 2020). But even success has its hazards, as Hartney (2020) warns: "It may feel strange and even empty to be living life without your addiction. It takes time to get used to life without an addiction, even if your support and alternative ways of coping are good" (para. 24). Steps should be taken in the final phase of treatment that anticipate the possibility of small lapses or even relapse. This is often a theme in the closing sessions, along with reviewing the support systems that were put in place during the therapy, which of them are still needed, and how those that are still needed will be maintained.

A feature of energy psychology is that it can be practiced on a back-home basis, and it is likely that the client has already become quite proficient in the method from having experienced it multiple times in-session and from having utilized it as homework. The final therapy sessions may involve exploring possible situations where the technique can be usefully applied.

Arrangements may also be made in which the person can contact the clinician for a quick coaching session, sometimes even by e-mail or Zoom, on how to use acupoint tapping in a challenging situation that has arisen. This builds in a mechanism for mini-corrections that may prevent relapse.

THE STAGES IN ACTUAL PRACTICE

Of course, human experience never conforms to neat stages, however carefully formulated or discrete they may seem in the abstract. The accompanying case history, provided by Robin Bilazarian, a highly regarded energy psychology practitioner and trainer, illustrates how the stages may appear out of sequence and may overlap. Before her client even acknowledged that he had a drinking problem, he had already made substantial progress during their work together in overcoming social anxiety, which for most of his adult life he had been self-medicating with alcohol. These initial successes kept him engaged in the treatment through the *precontemplation* and *contemplation* stages, despite his strong inclination to stay in denial. That counseling led him to the huge decision to enter in-patient rehab, where many of the tasks of the *preparation* stage were accomplished, and then to do the hard work of the *action* stage following his month in rehab. In this case, the effectiveness of their work during the *maintenance* and *termination* stages is evidenced by the man's five years of sobriety at last check-in and his being sought by his organization to provide advice about colleagues with drinking problems.

TRAINING IN ENERGY PSYCHOLOGY

A number of well-regarded organizations offer clinicians certification programs in energy psychology. Among these are ACEP (https://www.energypsych.org), EFT International (https://eftinternational.org), EFT Universe (https://eftuniverse.org), and the Thought Field Therapy

organization (https://tfttapping.com). While none of these programs are, so far, specifically oriented for addiction counselors, they teach the essential concepts and procedures you can integrate into the approach you already use. In addition, clinics that specialize in working with addictions can engage highly qualified energy psychology practitioners and instructors to provide in-service training. Meanwhile, more than a hundred books and a plethora of websites provide information about the approach. A good way to begin if you've had little involvement with acupoint tapping protocols is to schedule a personal session with a local practitioner. They can be found in most communities using a Google search. Bring in any issue that is of concern to you, large or small, and you will have an experience that gives you a better basis for deciding on the kinds of training you might wish to pursue.

CONCLUSION

Introducing acupoint tapping protocols into the treatment of substance use disorders allows the recovery process to be augmented by *somatic procedures* that strategically impact the neurological foundations of emotions, thought, and behavior in ways that facilitate desired changes. This chapter has reviewed the finding that effective interventions during each of the six recognized stages of addiction recovery must be tailored to the psychological requirements of that stage, and it has shown how methods drawn from the sub-discipline of energy psychology can facilitate this objective. Skills for utilizing the approach can be readily acquired and integrated into the best practices already being employed by a clinician or care facility, and doing so broadly would be a significant advance in the treatment of substance use disorders.

CASE HISTORY: APPLYING ENERGY PSYCHOLOGY IN THE TREATMENT OF A SUBSTANCE USE DISORDER

Robin Bilazarian[†]
Mount Laurel, NJ, US

Michael was 42 when he entered therapy with me for anxiety. He was also feeling overwhelmed following a divorce, insecure about a new girlfriend, and hoping for a closer relationship with his children, who painfully preferred to be with their mother. A police officer for 18 years, he was feeling "jumpy" and hyperalert, often with buzzing feelings throughout his body. He was having trouble concentrating and was making trivial mistakes at work—such as losing his pens, forgetting his phone, or heading in the wrong direction—which while noticeable only to him were of substantial concern.

At intake, he was asked about alcohol and drug use, which he minimized. He explained that as a cop, they would all occasionally drink after hours to commiserate or debrief critical incidents. He denied anything more than occasional social drinking, perhaps a few beers during the week and no drugs whatsoever.

History-taking revealed that Michael had been extremely shy as a boy and that, by his teens, he had developed severe social anxiety and a sense of inferiority. He was comfortable in his job because the required behaviors were structured, scripted, and clear. Out of uniform, however, he felt socially unsettled and awkward, with his body occasionally buzzing into what he called "mini-panic attacks." Aside from being on the job, he generally wasn't comfortable in his own skin. His explanation for the divorce was simply that his wife "wanted more" out of life than he could offer. Previous marriage counseling with another therapist had failed, and they ultimately decided that they had irreconcilable differences.

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I introduced him to EFT tapping in our second session. He liked it immediately because he felt an instant release of his overwhelming anxiety-based physical and emotional discomfort. Tapping can be applied to the full range of emotions, from daily stresses to the aftermath of complex trauma. At various points during a session, clients are asked to give a 0-to-10 rating on the intensity of their distress, discomfort, or other unwelcome feelings, 10 being the most intense. With issues that involve large upsets, say 7 or more, I tend to begin by first having people tap (while I tap along with them, which seems to create a resonance) on whatever way they feel the upset in their body (e.g., tight throat, pressure in the chest, queasy stomach) before focusing directly on the issue.

Michael's tapping in the early sessions focused on his difficulties with his ex-wife, his upset about his children not wanting to take overnights with him, and his losses following the divorce. He also seemed to worry about almost every aspect of his life: time, money, friendships, work, family, logistics, etc. In a basic energy psychology technique, called "Tell the Story," Michael would describe to me the upsetting, anxious, and concerning worries of his week, while we continuously tapped. Then we would go back to the story to pull out the salient parts and therapeutically tap on the *emotion* about that issue. Here are some examples and the wordings used:

Devastated that my children will not spend the night with me. Intensity: 8 → 1
Annoyed that I don't have a pool in my new condo. Intensity: 5 → 0
Jealous that my ex-wife is dating. Intensity: 7 → 1
Angry that I looked foolish to [his wife] when Paul [his son] didn't want to go to the circus with me. Intensity 8 → 0

When the emotions and physical discomfort are calmed and desensitized, he would usually have a spontaneous insight, a cognitive shift such as:

The children need time to get used to my new condo and this will get better as they age.
I can join a gym with a pool.

It is okay that she is dating because I am too.
It's a divorce. She isn't going to support me. It's Paul and Nancy [his daughter] *that matter.*

Every session included at least one tapping sequence. Whenever we hit a "wall" or a concern that seemed a key to a deeper issue, I'd say "let's treat that," meaning let's utilize tapping. The frequent tapping during our sessions also taught Michael how to use tapping on his own whenever he was upset or anxious, and he found he was able to calm himself outside of our sessions.

The treatment of Michael's generalized anxiety disorder seemed to be going well when, after 8 weekly hour-long sessions, he received a DUI. He at first minimized the seriousness of the incident. He told me he was unlucky to have been caught this one time, but that because he was a cop, it would go away, as he'd seen in other police districts. But it didn't go away.

He was suspended from work with a mandate that he had to go into inpatient rehab or lose his job. He considered quitting or taking an early retirement, but that would mean losing the substantial full benefits that a few more years on the force would bring. Still, he felt he could never go into rehab because that would be a public admission that he had failed to maintain the standards expected of a police officer. Here are some of the wordings we used to tap on this dilemma:

Embarrassed that my colleagues will see me as a failure. Intensity: 8 → 1
Deep hidden shame that my children will know I am a nothing. Intensity: 10 → 2
Worried my ex-wife will use this to further restrict my visitations. Intensity: 10 → 2
Terrified that my advancement at work is now dead. Intensity: 6 → 0
Angry at that cop who gave me a DUI! Intensity: 10 → 2

Michael was not ready to go away for weeks of residential rehab. He knew that confidentiality could never be maintained. "Cops talk." Besides the opinions of others, it would be an admission to himself that he had a serious alcohol problem, and he wasn't there yet. At this point, I checked in on suicidal ideation, which he promised he would never do, knowing the permanent harm it would cause his children.

Now Michael began to reveal to me parts of his story he had initially concealed. He had been drinking heavily since he was 18, self-medicating his anxiety—social anxiety in particular—and a deep inferiority complex. Like many young men, his drinking started with anxiety about speaking to women, where "a drink, or 2, or 7 or 8, loosened me up." He was even a funny drunk back then, a trait he didn't usually show when sober. He particularly liked the "courage" drinking gave him in social situations.

He admitted he had driven drunk too many times to count and was lucky to not have harmed anyone or been caught before. His drinking progressed to nightly. After scolding his kids, he would drink because it brought up memories of the harsh corporal discipline he got from his father.

Tapping helped him accept what he believed was a public admission of weakness to his children, family, and co-workers as he made the difficult decision of going into rehab. The rehab facility was known for treating first responders and provided AA and NA groups specifically for them, which he continued to attend after discharge, along with returning to our weekly sessions. Michael was suspended from his job for six months and also lost his driver's license for six months. He was able to obtain marginal work in a local grocery store he could walk to during this 6-month period, and he got rides to therapy.

Following rehab, Michael was no longer in denial that his drinking was creating serious problems, and the tapping quickly began to go deeper. The basic rhythm is to start by tapping on a current concern, revert to past history to clean up old triggers and unresolved issues, and then move into future performance and fears. A major theme was his social anxiety, which was the reason he started drinking in the first place. He described the mini-panic attacks he had in social situations and how he never knew what to say. I had him attune to every present, past, and imagined future social situation we

could think of: a group of 3, a group of 10, a party, a holiday, walking into a room of strangers, a work gathering, and more. Each time we would first tap on how his body felt, which was typically pressure in his chest, tightness in his throat, a queasy stomach, or tightness in his shoulders. We would tap until the intensity level dropped to 0. Then we tapped on emotions about the issue, such as "terrified of walking into a room of strangers."

We also focused on a variety of situations from his past where he felt picked on and bullied, and the tapping calmed his bodily responses and the intensity of his upset about the memory. From there we imagined future situations and tapped down his anxiety as he practiced ice breakers and small talk until his nerves settled and his confidence grew. He also needed to come up with a reason for refusing to drink in social situations. We tapped on his being worried about how others would react to him turning down a drink. At first he used the alibi of claiming to be on antibiotics that couldn't be mixed with alcohol, but later he wanted to be able to tell the truth, and we tapped on his feelings around that.

Various other issues also emerged. For instance, he had an old football injury which had resulted in several knee surgeries and caused almost daily pain. It turned out that he admitted sometimes overusing the prescribed pain medication. Energy psychology has a pain protocol that utilizes metaphors to describe the pain. Asked to come up with one, Michael said: "I'm a cop. I only think in black and white. There is no metaphor in my head." But when asked what tool the pain is like, he said, "That's easy, it's like a vice that has been soldered shut." Perfect metaphor. The chronic pain abated after the tapping treatments and did not return.

Sometimes, we tapped on seemingly simple things, like: "I don't want to go to my meetings this week," lessening his resistance from an intensity of 4 to 0. Sometimes we tapped on his "wish to have a social drink," with the intensity dropping from 6 to 0 after using such phrases as "It's only for today, and today I don't need to slide down that slippery slope." Other themes we tapped on went deep into his childhood, such as his father's severe punishment, which led to his ultimately forgiving his father because "it was the norm in the neighborhood."

Finally, we tapped on the inevitable truth that, because of his alcohol transgression, he was sad that he "would not be considered for promotions again". With that tapping, he reached a place of gratitude that he still had a job, was still respected by his colleagues, and perhaps more respected for "taking care of his business." He decided to stay the two more years to reach full retirement benefits. Ironically and appropriately, he became a mentor and advisor when other officers were having trouble with alcohol.

After six months of weekly treatment following his month in rehab, we reduced visits to bi-weekly sessions, which we continued for another year and-a-half. After no slips, we graduated him from treatment. Three years later, he returned for 6 sessions because his new girlfriend was having conflicts with his children, who now had a close relationship with him. At that point, he had been sober for five years, had retired with full benefits, and was working another job. He had continued with the first-responder AA meetings and was still using the "Tell the Story" tapping method when he became upset or anxious. He was proud that his old department still called him for advice about officers with substance abuse problems.

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